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PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 04/20/2017				
AGENCY/FACILITY INFORMATION				
Name of Agency/Facility Austin Police Department				
Address 715 E. 8# Street	70.74)			
City Austin	Zip Code Zip Code			
Telephone Number 512-974-5000	CHACON			
Name of Person Filling Out Form 4. Scott Ehler				
Email of Person Filling Out Form Scott.ehlerte	austintexas.gov			
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?			
☑Male ☐ Female	L Male ☐ Female			
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?			
3 l □ Not Available	30			
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American			
☐ American Indian ☐ Mack or African American	or Alaska Native Hispanic or Latino			
or Alaska Native	□ Anglo or White □ Other			
☐ Anglo or White ☐ Other	Asian or Pacific Islander			
☐ Asian or Pacific Islander ☐ Not Available				
4. DATE OF INCIDENT	11. DURING THE INCIDENT, PEACE OFFICER WAS:			
Month Day Year	☐ On Duty ☐ Off Duty			
TIME: Hour 9Min 47 AM EPM	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:			
5. LOCATION OF INCIDENT	☐ Yes ☐ No			
Street address 6321 Parliament Dr. A	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:			
City AUSHIN	Emergency Call or Request for Assistance			
County Travis Zip 78724	☐ Traffic stop			
6. INCIDENT RESULTED IN:	□ Execution of a warrant			
	☐ Hostage, barricade, or other emergency situation			
7. INJURED OR DECEASED PERSON:	☐ Other – Specify type of call			
🖬 Carried, exhibited or used a deadly weapon				
☐ Did not carry, exhibit or use a deadly weapon				